

Appendix 6

Wisconsin Medicaid Noncovered Drugs

Noncovered Drugs — No Manufacturer Rebate Agreement			
Manufacturers of the following drugs have chosen not to participate in Wisconsin Medicaid. This is not a complete list of noncovered drugs. This list may change if manufacturers sign rebate agreements. Wisconsin Medicaid does not cover or grant prior authorization (PA) for these drugs. Wisconsin Medicaid may cover the generic alternatives for these drugs if the manufacturer of the generic drugs signed a rebate agreement. The noncovered drugs include:			
<ul style="list-style-type: none"> Asthmanephrine. Bichloracetic Acid. Clear Tears. Drysol. 	<ul style="list-style-type: none"> Duolube. Eppy N Ophth Solution. Eppy Sol Ophth. Karidium. 	<ul style="list-style-type: none"> Karigel. Lyteers. Moisture Drops. Monoject Insulin Jel. 	<ul style="list-style-type: none"> Nafrinse. Neo-Tears. Tinver Lotion. Xerac AC. Yodoxin.

Noncovered Drugs — FDA Less-Than-Effective Drugs
Wisconsin Medicaid does not cover or grant PA for less-than-effective (LTE) drugs nor for any generic alternatives identified by the Food and Drug Administration (FDA) as identical, related, or similar to these drugs. Refer to the Pharmacy Data Tables section of this handbook for a complete list of LTE drugs.

Noncovered Drugs — Wisconsin Negative Formulary			
Prior authorization will not be granted for these drugs.			
<ul style="list-style-type: none">Alginate.Eflornithine (Vaniqa) Topical.		<ul style="list-style-type: none">Gaviscon.Minoxidil Topical.Non-Rebated Drugs Ineligible for Prior Authorization.	
		<ul style="list-style-type: none">Progesterone for premenstrual syndrome (PMS).Legend Multi-Vitamins (Non-prenatal) — excludes HealthCheck.Finasteride (Propecia).	
<i>Fertility Enhancement Drugs (when used to treat infertility):</i>		<i>Impotence Treatment Drugs:</i>	
<ul style="list-style-type: none">Chorionic Gonadotropin.Clomiphene.Crinone.Gonadorelin.	<ul style="list-style-type: none">Menotropins.Urofollitropin.	<ul style="list-style-type: none">Alprostadil Intracavernosal (Caverject, Edex).Phentolamine Intracavernosal (Regitine).Sildenafil (Viagra).Urethral Suppository (MUSE).Yohimbine.	
<ul style="list-style-type: none">Any drug determined to be experimental in nature or not proven as an effective treatment for the condition for which it is prescribed (See HFS 107.035, Wis. Admin. Code).			